

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90255 032 \*\*\*\*61.25

**DOCUMENT # N97000001017**

1. Entity Name  
**HOUSING BY ST. LAURENCE, INC.**



Principal Place of Business  
**1717 E FOWLER AVE  
TAMPA FL 33612  
US**

Mailing Address  
**1717 E FOWLER AVE  
TAMPA FL 33612  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **59-3440342** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**COUCH, THEODORE J SR  
1717 E. FOWLER AVENUE  
TAMPA FL 33612**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>PDT</b>	<input type="checkbox"/> Delete
NAME <b>COUCH, THEODORE J SR</b>	
STREET ADDRESS <b>1717 E. FOWLER AVE.</b>	
CITY-ST-ZIP <b>TAMPA FL 33612</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>CAPITANO, JOSEPH</b>	
STREET ADDRESS <b>2004 DURHAM</b>	
CITY-ST-ZIP <b>TAMPA FL 33605</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>HIGGINS, LAURENCE REV.</b>	
STREET ADDRESS <b>5225 NORTH HIMES AVENUE</b>	
CITY-ST-ZIP <b>TAMPA FL 33614</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete
NAME <b>CROWDER, WILLIAM C</b>	
STREET ADDRESS <b>1717 E FOWLER AVE</b>	
CITY-ST-ZIP <b>TAMPA FL 33612</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>EDWARDS, ROBERT L (PETE)</b>	
STREET ADDRESS <b>2909 W. CHERRY</b>	
CITY-ST-ZIP <b>TAMPA FL 33607</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>MURRAY, POLLY</b>	
STREET ADDRESS <b>5225 NORTH HIMES</b>	
CITY-ST-ZIP <b>TAMPA FL 33614</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>John Lynch</b>	
STREET ADDRESS <b>5225 N. Himes Ave.</b>	
CITY-ST-ZIP <b>Tampa, FL 33614</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Linda Lynch</b>	
STREET ADDRESS <b>5225 N. Himes Ave.</b>	
CITY-ST-ZIP <b>Tampa, FL 33614</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Tom McEwen</b>	
STREET ADDRESS <b>528 Riviera Dr.</b>	
CITY-ST-ZIP <b>Tampa, FL 33606</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Marie Celeste Sullivan</b>	
STREET ADDRESS <b>4000 E. Fletcher Ave.</b>	
CITY-ST-ZIP <b>Tampa, FL 33613</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C Crowder V.P./Sec* 2-13-03 813-971-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)